

UNITED STATES DISTRICT COURT  
DISTRICT OF NEW JERSEY

IN RE: ALLERGAN BIOCELL TEXTURED  
BREAST IMPLANT PRODUCTS LIABILITY  
LITIGATION

KAREN HASENSTAB

Plaintiff

No. 2:19-md-02921 (BRM)(LDW)

MDL NO. 2921

Honorable Brian R. Martinotti  
District Court Judge

Honorable Leda D. Wettre  
Magistrate Judge

MASTER SHORT-FORM COMPLAINT  
FOR PERSONAL INJURIES, DAMAGES  
AND DEMAND FOR JURY TRIAL

1. Plaintiff KarenHasenstab hereby states and incorporates by reference all of the allegations contained in Plaintiffs' Master Long Form Complaint for Personal injuries, Damages and Demand for Jury Trial ("Master Complaint") as permitted by Case Management Order No. 17 for cases filed directly into this district.

2. In addition to the below-indicated portions of the Master Complaint adopted by the plaintiff and incorporated by reference herein, Plaintiff hereby alleges as follows:

**IDENTIFICATION OF PLAINTIFFS AND RELATED INTERESTED PARTIES**

3. Name and current residence of individual who is alleged to have suffered personal injuries and related damages due to implantation of one or more Biocell Textured Breast Implant medical devices ("Biocell"):

Karen Hasenstab  
4240 Lost Hills Road #405  
Calabasas CA 91301

4. Consortium Claim(s): Name and current residence of individual(s) alleging damages  
for loss of consortium:

Not applicable.

5. If a survival and/or wrongful death claim is asserted:

Name and residence of Decedent when she suffered Biocell-related injuries and/or death:

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Name and current residence of the individual(s) bringing the claims on behalf of the  
decedent's estate, and status (i.e., personal representative, administrator, next of kin,  
successor in interest, etc.):

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**VENUE**

6. Plaintiffs allege that venue for remand and trial is proper in the following federal  
judicial district:

United States District Court for the Central District of California

**DEVICE IDENTIFICATION**

7. Plaintiff used the following Biocell device[s], which Plaintiff contends caused her injuries. Check all that apply and provide all dates of implant and explant:

<p><b>NATRELLE Silicone-filled Breast Implants</b>          Style 110          Style 115          Style 120</p> <p><b>Date[s] of Implant:</b></p> <p><b>Date[s] of Explant (if any):</b></p>	<p><b>NATRELLE Saline-Filled Breast Implants</b>          Style 163          Style 168          Style 363          Style 468</p> <p><b>Date[s] of Implant:</b></p> <p><b>Date[s] of Explant (if any):</b></p>
<p><input checked="" type="checkbox"/> <b>NATRELLE 410 Highly Cohesive Anatomically Shaped Silicone-Filled Breast Implants</b>          Style LL          Style LM          Style LF          Style LX          Style ML          Style MM          Style MF          Style MX          Style FL          Style FM  <input type="checkbox"/> Style FF          Style FX</p> <p><b>Date[s] of Implant:</b>          May 8, 2015</p> <p><b>Date[s] of Explant (if any):</b>          April 1, 2021</p>	<p><b>NATRELLE INSPIRA Silicone-Filled Breast Implants</b>          Style TRL          Style TRLP          Style TRM          Style TRF          Style TRX          Style TSL          Style TSLP          Style TSM          Style TSF          Style TSX          Style TCL          Style TCLP          Style TCM          Style TCF          Style TCX</p> <p><b>Date[s] of Implant:</b></p> <p><b>Date[s] of Explant (if any):</b></p>
<p><b>McGhan BioDIMENSIONAL® Silicone-Filled BIOCELL® Textured Breast Implants, Style 153</b></p>	<p><b>NATRELLE Dual-Gel Breast Implants</b>          Style LX          Style MX</p>

<b>Date[s] of Implant:</b>  <b>Date[s] of Explant (if any):</b>	<b>Style FX</b>  <b>Date[s] of Implant:</b>  <b>Date[s] of Explant (if any):</b>
<b>NATRELLE Komuro Breast Implants</b> Style KML Style KMM Style KLL Style RLM  <b>Date[s] of Implant:</b>  <b>Date[s] of Explant (if any):</b>	<b>NATRELLE Ritz Princess Breast Implants</b> Style RML Style RMM Style RFL Style RFM  <b>Date[s] of Implant:</b>  <b>Date[s] of Explant (if any):</b>
<b>NATRELLE 150 Full Height and Short Height double lumen implants.</b>  <b>Date[s] of Implant:</b>  <b>Date[s] of Explant (if any):</b>	<b>NATRELLE 133 Plus Tissue Expander</b>  <b>Date[s] of Implant:</b>  <b>Date[s] of Explant (if any):</b>
<b>NATRELLE 133 Tissue Expander with Suture Tabs</b>  <b>Date[s] of Implant:</b>  <b>Date[s] of Explant (if any):</b>	<b>OTHER (Please describe):</b>  <b>Date[s] of Implant:</b>  <b>Date[s] of Explant (if any):</b>

**PLAINTIFF'S BIOCELL-RELATED INJURIES**

8. Plaintiff alleges that one or more Biocell devices caused personal injuries and damages including but not limited to the following: significantly increased risk of developing cancer, emotional distress including fear and anxiety of developing cancer, accumulation of foreign and adulterated silicone particles in their bodies, including the resulting inflammation, cellular

damage, and subcellular damage, past and future medical expenses, physical pain and suffering from explantation, scarring and disfigurement.

9. Approximate date of Biocell-device related injury:

Plaintiff believes she started having physical symptoms from the implants sometime around the middle of 2020. Plaintiff learned of the product recall due to the increased risk of ALCL sometime in late 2019 or early 2020.

10. Has Plaintiff or Plaintiff's decedent ever been diagnosed with BIA-ALCL:

☐ Yes

☒ No

☐ If Yes, date of diagnosis:

#### **CAUSES OF ACTION**

11. The following claims asserted in the *Master Complaint* are herein adopted by Plaintiff:

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|-------------------------------------|-------------|---|
| <input checked="" type="checkbox"/> | Count I:    | Strict Liability – Manufacturing Defect       |
| <input checked="" type="checkbox"/> | Count II:   | Negligent Manufacturing                       |
| <input checked="" type="checkbox"/> | Count III:  | General Negligence                            |
| <input checked="" type="checkbox"/> | Count IV:   | Strict Liability Failure to Warn              |
| <input checked="" type="checkbox"/> | Count V:    | Negligent Failure to Warn                     |
| <input checked="" type="checkbox"/> | Count VI:   | Negligent Misrepresentation                   |
| <input checked="" type="checkbox"/> | Count VII:  | Breach of Implied Warranty of Merchantability |
| <input checked="" type="checkbox"/> | Count VIII: | Breach of Express Warranty                    |
| <input checked="" type="checkbox"/> | Count IX:   | Strict Liability Design Defect                |

- ☒ Count X: Negligent Design
- ☐ Count XI: Survivorship and Wrongful Death
- Count XII: Loss of Consortium
- ☒ Count XIII: Punitive Damages
- ☐ Other Claims and factual basis therefore:

**OTHER DEFENDANTS**

12. Plaintiffs further bring claims against the following additional Defendants not named in the *Master Complaint*.

- ☐ Additional Defendant(s):
- Additional Defendant 1: \_\_\_\_\_
- Additional Defendant 2: \_\_\_\_\_
- Additional Defendant 3: \_\_\_\_\_
- Additional Defendant 4: \_\_\_\_\_
- ☐ Address(es) of Additional Defendants:
- Address of Defendant 1: \_\_\_\_\_
- Address of Defendant 2: \_\_\_\_\_
- Address of Defendant 3: \_\_\_\_\_
- Address of Defendant 4: \_\_\_\_\_

Short and Plain Statement of Factual Allegations against Additional Defendant:

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Claims asserted against Additional Defendants:

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**WHEREFORE**, Plaintiffs pray for relief and demand a trial by jury as set forth in the Plaintiffs' Master Personal Injury Long Form Complaint in MDL 2921 in the United States District Court for the District of New Jersey.

Date: December 31, 2025.

/s/ J. Scott Humphrey  
J. SCOTT HUMPHREY

J. Scott Humphrey (CA Bar No. 150476)  
HUMPHREY + LAW  
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Santa Monica, CA 90403  
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[scott@humphreylaw.co](mailto:scott@humphreylaw.co)  
*Counsel for Plaintiffs*

**CERTIFICATE OF SERVICE**

I, Robert G. Germany, hereby certify that I have day served a true and correct copy of the above and foregoing pleading via PACER on all counsel having appeared in this case.

**DATED**, this the first day of January, 2026.

/s/ *J. Scott Humphrey*  
J. SCOTT HUMPHREY